

Return of Organization Exempt From Income Tax

2011

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning **MAY 1, 2011** and ending **APR 30, 2012**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1411 EDGEWATER DRIVE 203 City or town, state or country, and ZIP + 4 ORLANDO, FL 32804-6361 F Name and address of principal officer: MARK BREWER same as C above	D Employer identification number 59-3182886 E Telephone number (407)872-3050 G Gross receipts \$ 8,849,030. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CFCFLORIDA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1993 M State of legal domicile: FL		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: The Community Foundation of Central Florida provides philanthropic dollars (see Schedule O)		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	10
6	Total number of volunteers (estimate if necessary)	6	26
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	2,511,625.	5,652,144.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	803,501.	852,025.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,622,264.	2,319,276.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	985.	25,585.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,938,375.	8,849,030.
14	Benefits paid to or for members (Part IX, column (A), line 4)	2,530,336.	4,070,990.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	558,505.	638,164.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 258,577.	28,000.	32,000.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,332,308.	1,319,702.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,449,149.	6,060,856.
19	Revenue less expenses. Subtract line 18 from line 12	489,226.	2,788,174.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	53,459,724.	53,535,979.
22	Net assets or fund balances. Subtract line 21 from line 20	1,414,655.	1,673,989.
		52,045,069.	51,861,990.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer MARK BREWER, PRESIDENT/CEO	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Anne-Marie Barrett, CPA	Preparer's signature <i>Anne-Marie Barrett</i>	Date 9/7/12	Check if self-employed <input type="checkbox"/>	PTIN P00546302
	Firm's name ▶ CROSS, FERNANDEZ & RILEY, LLP	Firm's EIN ▶ 59-3651466			
	Firm's address ▶ 201 S. ORANGE AVE., SUITE 800 ORLANDO, FL 32801-3421	Phone no. (407)841-6930			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.

Form 990 (2011)

59-3182886 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III []

1 Briefly describe the organization's mission: Building Community by Building Philanthropy. We are a knowledgeable philanthropic resource that assists donors, nonprofit organizations and professional advisors with making social investments to achieve their charitable goals.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,408,549. including grants of \$ 4,070,990.) (Revenue \$) Grants to 226 not for profit organizations for various charitable purposes in Central Florida and across the United States. Provide a knowledge base designed to support transparency by delivering web-based information about the financial, operational and programmatic health of local nonprofit organizations. The knowledge base is a one-of-a-kind resource that connects people who want to make a difference with local charitable organizations doing important work.

4b (Code:) (Expenses \$ 867,777. including grants of \$) (Revenue \$ 852,025.) Expenses incurred to assist 400 charitable funds with their social investments in nonprofit organizations.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,276,326.

Form 990 (2011)

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.**

Form 990 (2011)

59-3182886 Page 3

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Form 990 (2011)

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.**

Form 990 (2011)

59-3182886 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2011)

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.**

Form 990 (2011)

59-3182886 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	N/A	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2011)

132005
01-23-12

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.**

Form 990 (2011)

59-3182886 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a	16		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X
9			

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
13			
14	Did the organization have a written document retention and destruction policy?	X	
14			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization		X
15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16a			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► None
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► MEGHAN WARRICK, CFO - (407)-872-3050
1411 EDGEWATER DR., STE 203, ORLANDO, FL 32804

132006 01-23-12

Form 990 (2011)

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.**

Form 990 (2011)

59-3182886 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHEN ELKER CHAIRMAN	2.00	X		X				0.	0.	0.
(2) ED TIMBERLAKE IMMEDIATE PAST CHAIR	2.00	X		X				0.	0.	0.
(3) SUSAN ARKIN VICE CHAIRMAN	2.00	X		X				0.	0.	0.
(4) MICHAEL HARBISON SECRETARY	2.00	X		X				0.	0.	0.
(5) KAKI RAWLS TREASURER	2.00	X		X				0.	0.	0.
(6) AARON GOROVITZ BOARD MEMBER	1.00	X						0.	0.	0.
(7) ROB PANEPINTO BOARD MEMBER	1.00	X						0.	0.	0.
(8) EUGENE CAMPBELL BOARD MEMBER	1.00	X						0.	0.	0.
(9) ROBERT F. THOMSON II BOARD MEMBER	1.00	X						0.	0.	0.
(10) ALEXIS PUGH BOARD MEMBER	1.00	X						0.	0.	0.
(11) LYN BERELSMAN BOARD MEMBER	1.00	X						0.	0.	0.
(12) STACEY PRINCE-TROUTMAN BOARD MEMBER	1.00	X						0.	0.	0.
(13) DEREK BRUCE BOARD MEMBER	1.00	X						0.	0.	0.
(14) ROBIN ROBERTS BOARD MEMBER	1.00	X						0.	0.	0.
(15) MARTY RUBIN BOARD MEMBER	1.00	X						0.	0.	0.
(16) AVANISH AGGARWAL BOARD MEMBER	1.00	X						0.	0.	0.
(17) MARK BREWER PRESIDENT/CEO	50.00	X		X				129,339.	0.	19,615.

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.

Form 990 (2011)

59-3182886 Page 9

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5652144.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			5652144.				
Program Service Revenue	2 a	MANAGEMENT FEES	Business Code 561000	852,025.	852,025.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			852,025.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1098899.			1,098,899.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses		0.			
		c	Gain or (loss)		1,220,377.			
		d	Net gain or (loss)			1220377.		1,220,377.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	Returned Grants	900099		25,585.	25,585.			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			25,585.				
12	Total revenue. See instructions.			8849030.	877,610.	0.	2,319,276.	

132009 01-23-12

Form 990 (2011)

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.**

Form 990 (2011)

59-3182886 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	3,996,980.	3,996,980.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	74,010.	74,010.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	135,000.	40,500.	4,050.	90,450.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	338,006.	141,146.	160,372.	36,488.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	9,632.	3,661.	3,371.	2,600.
9 Other employee benefits	130,823.	50,277.	45,453.	35,093.
10 Payroll taxes	24,703.	9,487.	8,587.	6,629.
11 Fees for services (non-employees):				
a Management				
b Legal	5,239.	3,225.	2,014.	
c Accounting	20,476.		20,476.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	32,000.			32,000.
f Investment management fees	179,186.		179,186.	
g Other	3,443.		1,071.	2,372.
12 Advertising and promotion	1,250.			1,250.
13 Office expenses	7,355.		7,148.	207.
14 Information technology	80,778.	57,187.	10,136.	13,455.
15 Royalties				
16 Occupancy	77,262.	17,693.	43,653.	15,916.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,856.		9,983.	11,873.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,114.	8,876.	8,035.	6,203.
23 Insurance	3,532.		3,532.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Administrative Fees	867,777.	867,777.		
b Utilities	9,797.	3,762.	3,406.	2,629.
c Maintenance	8,126.		7,934.	192.
d Parking and Mileage	4,545.	1,745.	1,580.	1,220.
e All other expenses	5,966.		5,966.	
25 Total functional expenses. Add lines 1 through 24e	6,060,856.	5,276,326.	525,953.	258,577.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.**

Form 990 (2011)

59-3182886 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	88,954.	1	99,335.
	2	3,073,585.	2	3,136,950.
	3	387,500.	3	22,123.
	4		4	
	5		5	
	6		6	
	7		7	
	8		8	
	9	12,220.	9	10,821.
	10a	199,651.		
	10b	155,877.		
	10c	62,223.	10c	43,774.
	11	27,110,173.	11	35,102,718.
	12	21,344,156.	12	13,880,944.
	13		13	
	14		14	
15	1,380,913.	15	1,239,314.	
16	53,459,724.	16	53,535,979.	
Liabilities	17	24,888.	17	13,507.
	18	759,575.	18	1,007,382.
	19		19	
	20		20	
	21		21	
	22		22	
	23		23	
	24		24	
	25	630,192.	25	653,100.
	26	1,414,655.	26	1,673,989.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27		50,377,384.	27	50,266,197.
28		1,667,685.	28	1,595,793.
29			29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30			30	
31			31	
32			32	
33		52,045,069.	33	51,861,990.
34	53,459,724.	34	53,535,979.	

Form 990 (2011)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Form 990 (2011)

59-3182886 Page 12

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,849,030.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,060,856.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,788,174.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,045,069.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,971,253.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	51,861,990.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2011)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,

Schedule A (Form 990 or 990-EZ) 2011 **INC.**

59-3182886 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,998,820.	3,160,973.	5,954,114.	2,604,245.	5,652,144.	21,370,296.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,998,820.	3,160,973.	5,954,114.	2,604,245.	5,652,144.	21,370,296.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,872,519.
6 Public support. Subtract line 5 from line 4.						17,497,777.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	3,998,820.	3,160,973.	5,954,114.	2,604,245.	5,652,144.	21,370,296.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,350,517.	884,972.	796,365.	887,772.	1,098,899.	5,018,525.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	908.		-8,310.	1,865.	25,585.	20,048.
11 Total support. Add lines 7 through 10						26,408,869.
12 Gross receipts from related activities, etc. (see instructions)					12	3,860,015.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	66.26 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	74.70 %
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2011

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.**

Employer identification number
59-3182886

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	85	13
2 Aggregate contributions to (during year)	4,476,152.	380,397.
3 Aggregate grants from (during year)	3,064,633.	201,944.
4 Aggregate value at end of year	19,456,429.	2,598,824.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.**

Schedule D (Form 990) 2011

59-3182886 Page 3

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) STOCKS, BONDS, AND		
(B) ALTERNATIVE INVESTMENTS	13,880,944.	End-of-Year Market Value
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	13,880,944.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY UNDER SPLIT INTEREST	
(3) AGREEMENTS	653,100.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	653,100.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.**

Schedule D (Form 990) 2011

59-3182886 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,849,030.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,060,856.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,788,174.
4	Net unrealized gains (losses) on investments	4	-2,786,076.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-185,177.
9	Total adjustments (net). Add lines 4 through 8	9	-2,971,253.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-183,079.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	2,736,929.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-2,100,538.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-2,714,576.
e	Add lines 2a through 2d	2e	-4,815,114.
3	Subtract line 2e from line 1	3	7,552,043.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	1,296,987.
c	Add lines 4a and 4b	4c	1,296,987.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,849,030.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	5,043,275.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	242,046.
e	Add lines 2a through 2d	2e	242,046.
3	Subtract line 2e from line 1	3	4,801,229.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	1,259,627.
c	Add lines 4a and 4b	4c	1,259,627.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,060,856.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4: Endowment funds provide sustainable funding for charitable projects in Central Florida and across the United States.

Part X, Line 2: The Foundation is subject to the accounting standards on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Management evaluated the tax positions for the Foundation and concluded that the

Part XIV Supplemental Information (continued)

Foundation has taken no uncertain income tax positions that require adjustments to the financial statements to comply with the provisions of this guidance. The Foundation is no longer subject to income tax examinations for tax years before 2008, which is the standard statute of limitations look-back period.

Part XI, Line 8 - Other Adjustments:

Change in value of split interest agreements	-185,177.
--	-----------

Part XII, Line 2d - Other Adjustments:

Management fee netted with revenue on audited financial statements	-756,519.
Change in value of charitable remainder trust	-185,177.
Revenue related to the N. Donald Diebel, Jr., MD Good Samaritan Fund, Inc	2,310.
Revenue related to the Lake Community Foundation, Inc.	-1,780,190.
Revenue related to the Isleworth Community Trust, Inc.	5,000.
Total to Schedule D, Part XII, Line 2d	-2,714,576.

Part XII, Line 4b - Other Adjustments:

Funds held for Agencies Contributions	770,582.
Funds held for Agencies Interest and Dividends	245,783.
Funds held for Agencies on Realized Gains	280,622.
Total to Schedule D, Part XII, Line 4b	1,296,987.

Part XIII, Line 2d - Other Adjustments:

Expense related to the N. Donald Diebel, Jr., MD Good Samaritan Fund, Inc	9,397.
---	--------

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Schedule D (Form 990) 2011

59-3182886 Page 5

Part XIV Supplemental Information (continued)

Expense related to the Lake Community Foundation, Inc.	226,832.
Expense related to the Isleworth Community Trust, Inc.	5,817.
Total to Schedule D, Part XIII, Line 2d	242,046.

Part XIII, Line 4b - Other Adjustments:

Fees related to managing funds held for Agencies	137,515.
Management fee netted with revenue on audited financial statements	756,519.
Grants authorized for funds held for agencies	365,593.
Total to Schedule D, Part XIII, Line 4b	1,259,627.

Schedule D (Form 990) 2011

132055
01-23-12

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,

Schedule G (Form 990 or 990-EZ) 2011 **INC.**

59-3182886 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				()
	11 Net income summary. Combine line 3, column (d), and line 10				()

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. Combine line 1, column d, and line 7				()	

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,

Schedule G (Form 990 or 990-EZ) 2011 INC.

59-3182886 Page 3

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
13a The organization's facility			%
13b An outside facility			%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:

(i) Name of Fundraiser: Worthington Everidge Group

(i) Address of Fundraiser: 1127 Edgewater Dr, Orlando, FL 32804

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.** Employer identification number **59-3182886**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Accessible Solutions at Avalon Park - 661 Highland Drive - Altamonte Springs, FL 32701	86-1113333	501(c)(3)	5,000.	0.			To support new patients
American Cancer Society 3709 West Jetton Avenue Tampa, FL 33629-5146	13-1788491	501(c)(3)	6,786.	0.			Annual Distribution
Bach Festival Society Of Winter Park - 1000 Holt Ave - 2763, Rollins College - Winter Park, FL 32789-4499	59-6015959	501(c)(3)	12,739.	0.			Annual Distribution, General Contribution, Grant designated to support the mission of.
Bluefield College 3000 College Drive Bluefield, VA 24605	54-0568200	501(c)(3)	60,000.	0.			Sign and Tower Project
Boy Scouts of America 1951 S. Orange Blossom Trail Apopka, FL 32703	59-0624376	501(c)(3)	20,200.	0.			131 Faces of the Future, General Contribution
Bridge to Independence 580 West Jackson Street Orlando, FL 32805	16-1643585	501(c)(3)	21,000.	0.			To provide a daily after school program for approximately 25 school aged children and a

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **73.**

3 Enter total number of other organizations listed in the line 1 table **3.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

See Part IV for Column (h) descriptions

Schedule I (Form 990) (2011)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,

INC.

Schedule I (Form 990)

59-3182886

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cat Protection Society P.O. Box 1078 Sorrento, FL 32776-1078	59-3413294	501(c)(3)	37,863.	0.			Annual Distribution These funds are to be used only in support of the building of the rhino exhibit.
Central Florida Zoological Society P. O. Box 470309 Lake Monroe, FL 32747-0309	59-1357197	501(c)(3)	18,727.	0.			
Christian Sharing Center 600 North Highway 17-92, Suite 158 Longwood, FL 32750-3638	59-2744535	501(c)(3)	8,666.	0.			General Contribution To provide child care management, placement services and child care subsidies.
Community Coordinated Care For Children - 3500 West Colonial Drive - Orlando, FL 32808	59-1371754	501(c)(3)	185,000.	0.			For Community Foundation of Greater Winter Haven for medical, hospital and other care for sick and
Community Foundation of Greater Lakeland - 1053 South Florida Avenue - Lakeland, FL 33803-1152	59-3649871	501(c)(3)	10,452.	0.			
Community Vision 704 Generation Point, #101 Kissimmee, FL 34744	59-2896657	501(c)(3)	40,970.	0.			2012 Agency Endowment Distribution
Doctors without Borders - USA 333 Seventh Avenue, 2nd floor New York, NY 10001	13-3433452	501(c)(3)	20,000.	0.			General Contribution To be made in whole or in part(s) up to 1 million by no later than 12/31/2011 contingent
Dr. Phillips Center for the Performing Arts - 455 South Orange Avenue, Suite 410 - Orlando, FL 32801	20-0695917	501(c)(3)	1,000,000.	0.			Baby Institute in the Parramore Kidz Zone and Case Manager Support for Baby Institute
Early Learning Coalition of Orange County - P O Box 540387 - Orlando, FL 32854	31-1759186	501(c)(3)	166,625.	0.			

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.**

Schedule I (Form 990) **59-3182886** Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Edgewood Children's Ranch 1451 Edgewood Ranch Road Orlando, FL 32835	59-1150182	501(c)(3)	26,508.	0.			2012 Agency Endowment Distribution
Farmworkers Ministry P.O. Box 1855 Auburndale, FL 33823	59-2041344	501(c)(3)	10,367.	0.			General Contribution
Figtree Youth Recording Academy 1540 Cedar Hill Douglasville, GA 30134-3266	58-2607312	501(c)(3)	7,500.	0.			General Contribution
First Church of Christ Scientist 210 Massachusetts Avenue, PO5-10 Boston, MA 02115-3195	04-2254742	501(c)(3)	7,349.	0.			Annual Distribution
First Presbyterian Church of Orlando - 106 East Church St. - Orlando, FL 32801	59-0624394	501(c)(3)	83,500.	0.			SHINE Children's Building Project and General Contribution
Florida After School Alliance P.O. Box 20425 St. Petersburg, FL 33742-0425	59-3062864	501(c)(3)	5,316.	0.			2012 Agency Endowment Distribution
Florida Hospital Foundation 2809 N. Orange Avenue Orlando, FL 32804	59-6151162	501(c)(3)	10,000.	0.			To be directed to the Florida Hospital Cancer Institute.
Florida Philanthropic Network 1211 N. Westshore Boulevard, Suite Tampa, FL 33607	20-1328734	501(c)(3)	8,500.	0.			Florida Transfer of Wealth Study, designated for 2012
Food for the Poor 6401 Lyons Rd. Coconut Creek, FL 33073	59-2174510	501(c)(3)	35,500.	0.			A Celebration of Hope Gala, General Contribution

Schedule I (Form 990)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.

59-3182886 Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Foundation for Building Community 75 South Ivanhoe Boulevard Orlando, FL 32804	59-3678634	501(c)(3)	8,000.	0.			To be used as \$2500 for the workshop and \$500 for the social capital project., 2012 Investment
Foundation for Osceola Education 2310 New Beginnings Road, Suite 118 Kissimmee, FL 34744	59-2960396	501(c)(3)	89,177.	0.			Scholarships for High School students in Osceola County
Fresh Start Ministries 4436 Edgewater Drive, Suite 20 Orlando, FL 32804	59-2737376	501(c)(3)	20,000.	0.			To help with your mission
Gathering/USA 1220 E. Concord Street Orlando, FL 32803	59-2810392	501(c)(3)	5,000.	0.			General Contribution
Global Connections Foundation 215 East Livingston Street Orlando, FL 32801	59-3622494	501(c)(3)	10,000.	0.			Support India Program
Heart of Florida United Way Dr. Nelson Ying Center, 1940 Traylor Boulevard - Orlando, FL 32804	59-0808854	501(c)(3)	86,942.	0.			General Contribution, Basic Needs Fund, 2012 Agency Endowment Distribution, Annual
Hindu Society of Central Florida 1980 Lake Drive Casselberry, FL 32707	39-1945997	501(c)(3)	10,000.	0.			General Donation
Homes for our Troops 6 Main St. Taunton, MA 02780	54-2143612	501(c)(3)	8,666.	0.			To support the Orlando Project - Luis Puertas
Hope Community Center 1016 N. Park Avenue Apopka, FL 32712	56-2551312	501(c)(3)	33,230.	0.			To provide funds for a new van, general operating

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.**

Schedule I (Form 990) **59-3182886** Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hospice of the Comforter 605 Montgomery Rd Altamonte Springs, FL 32714	59-2935928	501(c)(3)	9,581.	0.			2012 Agency Endowment Distribution, General Contribution
Jewish Family Services of Greater Orlando - 2100 Lee Road - Winter Park, FL 32789	59-1873758	501(c)(3)	10,000.	0.			Designated for foodbank and family stabilization program expenses
Juvenile Diabetes Research Foundation (JDRF) - 370 Center Point Circle, Suite 1154 - Altamonte Springs, FL 32701	23-1907729	501(c)(3)	5,000.	0.			General Contribution
Kids Beating Cancer a.k.a John Voight Foundation - 615 East Princeton Street, Suite 400 - Orlando, FL 32803	59-3136203	501(c)(3)	8,666.	0.			General Contribution
Lake Highland Preparatory School 901 N. Highland Avenue Orlando, FL 32803	59-0624431	501(c)(3)	7,000.	0.			Annual Fund, Football Gift Account - Football Helmets, Arts League, General Contribution
Make-A-Wish Foundation of Central and Western North Carolina - 212 South Tryon Street, Suite 1080 - Charlotte, NC 28281	56-1492432	501(c)(3)	50,000.	0.			To meet \$50,000 Challenge Fund for Leadership Staff Recruitment and Placement, Annual Distribution
Mary Lee Depugh Nursing Home Association - 550 W. Morse Boulevard - Winter Park, FL 32789	59-1104552	501(c)(3)	22,385.	0.			Funds are to be used for the support and maintenance of the Mayflower Benevolent Annual Distribution, Annual Distribution restricted to the college education of African
Mayflower Retirement Center 1620 Mayflower Court Winter Park, FL 32792	59-2617174	501(c)(3)	22,695.	0.			Funds are to be used for the support and maintenance of the Mayflower Benevolent Annual Distribution, Annual Distribution restricted to the college education of African
Meridian Club of Winter Park c/o Brooks Hewitt, PO Box 3244 Winter Park, FL 32790	59-1691696	501(c)(4)	6,665.	0.			General Contribution

Schedule I (Form 990)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,

INC.

Schedule I (Form 990)

59-3182886

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nap Ford Community School 648 W. Livingston St. Orlando, FL 32801	59-3662275	501(c)(3)	7,760.	0.			To provide a two-week Gifted and Talented Summer Academy for approximately 35 school
NC IDEA 334 Blackwell Street Durham, NC 27701	01-0702442	501(c)(3)	5,000.	0.			support for Fall 2011 FL IDEA grant cycle
New Hope For Kids 205 East SR 436 Fern Park, FL 32730	59-1791345	501(c)(3)	163,898.	0.		Annual Distribution, Unrestricted grant, 2012 Agency Endowment Distribution	To provide a daily after school and summer camp program for approximately 50 school aged children
New Image Youth Center 212 S. Parramore Avenue Orlando, FL 32805	56-2482818	501(c)(3)	60,000.	0.			
New Missions 8054 Presidents Drive Orlando, FL 32809	23-7365066	501(c)(3)	10,000.	0.			To support the Medical Clinic Fund in Haiti.
New York Says Thank You 275 W. 96th St. Apt 9F New York, NY 10025	20-1554830	501(c)(3)	10,000.	0.		General Contribution	
Nonprofit Center of Northeast Florida - 1301 Riverplace Boulevard, Suite 301 - Jacksonville, FL 32207	59-3700428	501(c)(3)	5,000.	0.			contribution to Florida Nonprofit Alliance
Orlando After School All-Stars 400 South Orange Avenue Orlando, FL 32801	59-3313614	501(c)(3)	25,000.	0.			To provide a daily summer camp programs
Orlando Ballet 1111 N. Orange Avenue, Suite 4 Orlando, FL 32804	23-7427817	501(c)(3)	57,720.	0.			Annual Distribution, To enhance the development program at the Ballet in an effort to expand

Schedule I (Form 990)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.

Schedule I (Form 990)

59-3182886

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Orlando Community & Youth Trust 595 N. Primrose Avenue Orlando, FL 32803	65-0572536	501(c)(3)	162,500.	0.			To offer comprehensive youth development programs, academic case management, family
Orlando Health Foundation 3160 Southgate Commerce Blvd., Suite Orlando, FL 32806	59-2244943	501(c)(3)	41,000.	0.		Arnold Palmer Medical Center Foundation, \$10,000 to support Hematology & Oncology	Annual Distribution to support education programs for children that will be identified
Orlando Museum of Art 2416 N. Mills Avenue Orlando, FL 32803-1483	59-0910352	501(c)(3)	7,315.	0.			Annual Distribution, General Contribution
Orlando Union Rescue Mission 1521 W. Washington Street Orlando, FL 32805	59-1035082	501(c)(3)	20,475.	0.			Florida IDEA Fall 2011 Grant Cycle
Pandora Genomics, LLC 518 South Magnolia Ave, Suite 100 Orlando, FL 32801	45-2132252	Other	35,000.	0.			General Contribution
Pisgah Legal Services P O Box 2276 Asheville, NC 28802	56-1191115	501(c)(3)	6,000.	0.			Annual Distribution for assistance to needy people in Central Florida.
Prevent Blindness Florida 800 2nd Avenue South, Suite 390 St. Petersburg, FL 33701	59-6181662	501(c)(3)	6,790.	0.			To provide a way to make all drinking water perfectly safe to drink to any person at anytime
Pure Water for All Foundation 403 West Main Street Washington, IA 52353	26-0328102	501(c)(3)	10,000.	0.			Florida IDEA Fall 2011 Grant Cycle
Rillip 2213 Pine Tree Drive Edgewater, FL 32141	45-2908079	Other	25,000.	0.			

Schedule I (Form 990)

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.

Schedule I (Form 990)

INC.

59-3182886

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Robert R. McCormick Tribune Foundation - 205 North Michigan Ave., Suite 4300 - Chicago, IL 60601	36-3689171	501(c)(3)	5,000.	0.			Orlando Sentinel Family Fund's United Partners Campaign, Sentinel Family Fund - General
Rollins College 1000 Holt Ave. - 2755 Winter Park, FL 32789	59-0624440	501(c)(3)	77,221.	0.			2012 Donor's Forum membership, \$20,000 to support the Rollins MBA Venture Challenge.
Rotary Club Of Winter Park Charitable Foundation - P.O. Box 1416 - Winter Park, FL 32790	57-0923231	501(c)(3)	7,178.	0.			General Contribution and Scholarships.
Sanford-Burnham Medical Research Institute - 6400 Sanger Rd - Orlando, FL 32827	51-0197108	501(c)(3)	18,000.	0.			Will go towards naming 8 chairs in the auditorium, To support breast cancer research.
Second Harvest Food Bank Of Central Florida - 2008 Brengle Avenue - Orlando, FL 32808	59-2142315	501(c)(3)	34,245.	0.			Annual Distribution - Kids Cafe Reeves Terrace, DLR Group Inc.'s fundraising for the
Seniors First 5395 L.B. McLeod Road Orlando, FL 32811	59-2759603	501(c)(3)	137,676.	0.			Emergency Home Delivered Meals, General Fund - CCE In-Home Services, 2012 Distribution, for the
Steppin Stone Farm 8421 Pritchard Road Lithia, FL 33547	23-7348139	501(c)(3)	10,000.	0.			General Contribution
Stetson University 421 N. Woodland Boulevard DeLand, FL 32723	59-0624416	501(c)(3)	52,000.	0.			General Contribution, Hope Scholarship
Suffolk University Office of Advancement, 8 Ashburton Boston, MA 02108	04-2133255	501(c)(3)	10,000.	0.			General Contribution

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF CENTRAL, FLORIDA,
INC.**

Schedule I (Form 990)

59-3182886

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sun System Development Corporation Florida Hospital for Children, 2809 N. Orange Avenue - Orlando, FL 32804	59-2219301	501(c)(3)	200,000.	0.		Pediatric Dermatology Center	Designation towards the capital campaign to fund scholarships for needy children to attend the New Big Village Basket and renewal of scholarships for Chanthea, Lyhuong and
Surprise Lake Camp 307 7th Avenue, Suite 900 New York, NY 10001	13-1623869	501(c)(3)	18,000.	0.			
Sustainable Cambodia 101 SE 2nd. Place, Suite 201-B Gainesville, FL 32601	20-0175973	501(c)(3)	5,900.	0.			
The Boggy Creek Gang 30500 Brantley Branch Road Eustis, FL 32736	59-3012889	501(c)(3)	15,666.	0.			General Contribution
The Christ School 106 E. Church Street Orlando, FL 32801	59-3364919	501(c)(3)	7,500.	0.			General Contribution
The Orlando Philharmonic Orchestra 812 East Rollins Street, Suite 300 Orlando, FL 32803-1203	59-3058884	501(c)(3)	13,227.	0.			Annual Distribution, Annual Distribution-to support education programs for children
UCP of Central Florida 1221 W Colonial Dr, Suite 300 Orlando, FL 32804	59-0799925	501(c)(3)	8,184.	0.			Annual Distribution-for the care and training of children, To permit UCP to purchase additional
United Arts of Central Florida 2450 Maitland Center Pkwy., Suite 2 Maitland, FL 32751	59-1166446	501(c)(3)	19,250.	0.			Orlando Science Center, General Fund, Bach Festival Society, Crealde School of Art, Enzian

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.**

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Scholarships	30	74,010.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2: The Community Foundation of Central Florida
 monitors grants by conducting due diligence on grantee organizations before grants are approved. Grant contracts accompany certain grants as considered appropriate. Pre-grant meetings, mid-year and final evaluations are included in our grant monitoring process as the circumstances of each grant warrant.

Part II, line 1, Column (h):

Name of Organization or Government: Bach Festival Society Of Winter Park

Part IV Supplemental Information

(h) Purpose of Grant or Assistance: Annual Distribution, General Contribution, Grant designated to support the mission of Festival of Orchestra, Inc which was to bring the world's greatest symphony orchestras to Central Florida

Name of Organization or Government: Bridge to Independence

(h) Purpose of Grant or Assistance: To provide a daily after school program for approximately 25 school aged children and a summer program for approximately 50 school aged children residing in the Parramore Heritage Community.

Name of Organization or Government:

Community Foundation of Greater Lakeland

(h) Purpose of Grant or Assistance: For Community Foundation of Greater Winter Haven for medical, hospital and other care for sick and injured persons in the City of Winter Haven and vicinity who are not financially able to obtain medical, hospital and other care

Name of Organization or Government:

Dr. Phillips Center for the Performing Arts

(h) Purpose of Grant or Assistance: To be made in whole or in part(s) up to 1 million by no later than 12/31/2011 contingent upon: Completion of all inter-local and other agreements, no change in the "three venue" master plan and no changes in current approved financial plan

Name of Organization or Government: Heart of Florida United Way

(h) Purpose of Grant or Assistance: General Contribution, Basic Needs Fund, 2012 Agency Endowment Distribution, Annual Distribution

Part IV Supplemental Information

Name of Organization or Government: Mayflower Retirement Center

(h) Purpose of Grant or Assistance: Funds are to be used for the support and maintenance of the Mayflower Benevolent Fund, 2012 Agency Endowment Distribution

Name of Organization or Government: Meridian Club of Winter Park

(h) Purpose of Grant or Assistance: Annual Distribution, Annual Distribution restricted to the college education of African American boys and girls, Annual Distribution as a general scholarship for students selected on the basis of their potential as judged by their teachers.

Name of Organization or Government: Nap Ford Community School

(h) Purpose of Grant or Assistance: To provide a two-week Gifted and Talented Summer Academy for approximately 35 school aged children residing in the Parramore Heritage Community.

Name of Organization or Government: New Image Youth Center

(h) Purpose of Grant or Assistance: To provide a daily after school and summer camp program for approximately 50 school aged children residing in the Parramore Heritage Community.

Name of Organization or Government: Orlando Ballet

(h) Purpose of Grant or Assistance: Annual Distribution, To enhance the development program at the Ballet in an effort to expand contributed income, 2012 Agency Endowment Distribution

Name of Organization or Government: Orlando Community & Youth Trust

Part IV Supplemental Information

(h) Purpose of Grant or Assistance: To offer comprehensive youth development programs, academic case management, family economic assistance, youth sports programs, neighborhood outreach, and capacity building in the Parramore Heritage Community as part of Parramore Kidz Zone.

Name of Organization or Government: Orlando Health Foundation

(h) Purpose of Grant or Assistance: Arnold Palmer Medical Center Foundation, \$10,000 to support Hematology & Oncology Outpatient Unit at Arnold Palmer Hospital.

Name of Organization or Government: Orlando Museum of Art

(h) Purpose of Grant or Assistance: Annual Distribution-to support education programs for children that will be identified by the Museum, Annual Distribution- to be used for the support and maintenance of the Orlando Museum of Art

Name of Organization or Government: Pure Water for All Foundation

(h) Purpose of Grant or Assistance: To provide a way to make all drinking water perfectly safe to drink to any person at anytime and stop the death of millions of people and children.

Name of Organization or Government:

Robert R. McCormick Tribune Foundation

(h) Purpose of Grant or Assistance: Orlando Sentinel Family Fund's United Partners Campaign, Sentinel Family Fund - General Contribution

Name of Organization or Government: Rollins College

Part IV Supplemental Information

(h) Purpose of Grant or Assistance: 2012 Donor's Forum membership,
\$20,000 to support the Rollins MBA Venture Challenge. \$10,000 to support
the operations of the CFAE, Capacity Building Workshops and Coaching for
Winter Park Nonprofits @ Philanthropy & Nonprofit Leadership Ctr.,
Annual Distribution

Name of Organization or Government:

Second Harvest Food Bank Of Central Florida

(h) Purpose of Grant or Assistance: Annual Distribution - Kids Cafe
Reeves Terrace, DLR Group Inc.'s fundraising for the Canstruction's
Annual Orlando Design/Build Competition which puts a visual spotlight on
hunger, Provide matching funds for recent pledge drive, General
Contribution

Name of Organization or Government: Seniors First

(h) Purpose of Grant or Assistance: Emergency Home Delivered Meals,
General Fund - CCE In-Home Services, 2012 Distribution, for the purchase
of 14 GPS units including installation & monitoring charges for the 16
vehicle fleet for one year.

Name of Organization or Government: Surprise Lake Camp

(h) Purpose of Grant or Assistance: Designation towards the capital
campaign to fund scholarships for needy children to attend the camp.

Name of Organization or Government: Sustainable Cambodia

(h) Purpose of Grant or Assistance: New Big Village Basket and renewal
of scholarships for Chanthea, Lyhuong and Visa

Part IV Supplemental Information

Name of Organization or Government: The Orlando Philharmonic Orchestra

(h) Purpose of Grant or Assistance: Annual Distribution, Annual
Distribution-to support education programs for children that will be
identified by the Philharmonic, Annual Distribution - in support of Opera

Name of Organization or Government: UCP of Central Florida

(h) Purpose of Grant or Assistance: Annual Distribution-for the care and
training of children, To permit UCP to purchase additional curriculum
materials to support its inclusive PreK-3rd Grade education program,
General Contribution

Name of Organization or Government: United Arts of Central Florida

(h) Purpose of Grant or Assistance: "Orlando Science Center, General
Fund, Bach Festival Society, Crealde School of Art, Enzian Theater,
Orange County Regional History Center, Orlando Museum of Art, Orlando
Philharmonic, Orlando Repertory Theatre, Orlando Shakespeare Theater

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.

Employer identification number

59-3182886

Form 990, Part I, Line 1, Description of Organization Mission:

to support community projects in the areas of health, human services,
arts/culture, education, religion, public-society, and
environment/animals.

Form 990, Part VI, Section B, line 11: The Audit Committee reviews Form
990 and recommends it for approval to the Foundation's Board of Directors.
A copy of the Form 990 was provided to the Board of Directors for their
review, as part of the board agenda for its August 2012 meeting.

Form 990, Part VI, Section B, Line 12c: The organization's conflict of
interest policy disclosure statement is completed annually by board and
committee members. Updates are made throughout the year as circumstances
warrant. Staff and committee chairs monitor compliance with the policy as
potential conflicts arise.

Form 990, Part VI, Section B, Line 15a: The President/CEO's salary is
reviewed and approved by the board of directors. Sector based data is used
to determine the comparability of the salary to similar positions at
similarly situated organizations. Written minutes of all board of
directors meetings are kept.

Form 990, Part VI, Section C, Line 19: Governing documents, conflict of
interest policy, and financial statements of the Community Foundation of
Central Florida are made available upon request. These documents are also
available on the organization's website.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization **COMMUNITY FOUNDATION OF CENTRAL FLORIDA,
INC.**

Employer identification number
59-3182886

Form 990, Part XI, line 5, Changes in Net Assets:

<u>Net unrealized losses on investments:</u>	<u>-2,786,076.</u>
<u>Change in value of split interest agreements</u>	<u>-185,177.</u>
<u>Total to Form 990, Part XI, Line 5</u>	<u>-2,971,253.</u>

COMMUNITY FOUNDATION OF CENTRAL FLORIDA, INC.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)		X
l Performance of services or membership or fundraising solicitations by related organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
n Sharing of paid employees with related organization(s)		X
o Reimbursement paid to related organization(s) for expenses		X
p Reimbursement paid by related organization(s) for expenses		X
q Other transfer of cash or property to related organization(s)		X
r Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) NO REPORTABLE TRANSACTIONS			0.	
(2)				
(3)				
(4)				
(5)				
(6)				

